Department of Public Health Weekly Time Log Worksheet

Pay Org:	DPH 0294			Download Date: WeekEnd Date:	2/15/2012 7:48:31 A 2/18/201
Mail Drop ID's: 2048			, · · · · ·	Pay Period End Date: Accrual Calc Date:	2/25/201 2/11/201
SIGNATURE:	lla saunas	DATE:_	2/16/12		
SIGNATURE:		DATE:_			

EmplID Position#								
Johande Bil Std Ura	Sunday (2/12)	Monday (2/13)	Tuesday (2/14)	Wednesday			_	Leave
This Timeles Described	. (5/ ±2/	(2/13/	(2/14)	(2/15)	(2/16)	(2/17)	(2/18)	Balances

This Timelog Report was downloaded from HRConnectsUs and represents data from HR/CMS Information Warehouse (CIW). In the case that information on this report conflicts with information in the CIW, the information contained in CIW will be considered the official record.

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EmplID Position# Jobcode BU Std Hrs	Sunday (2/12)	Monday (2/13)	Tuesday (2/14)	Wednesday (2/15)	Thursday (2/16)	Friday (2/17)	Saturday (2/18)	Leave Balances
Division: 2048						L		
296644 - 0 00059214 (2048) E20Y13 09 Corbett 37.50 Kate REG SDF: Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC VAC 100.255 SIC 48.125
241373 - 0 00028808 (2048) E20Y13 09 Frasca 37.50 Daniela REG SDF: Shift 1	0 '	7.5	7.5	7.5	7.5 SIC 1.5	7.5	0	PER 22.500 COM 29.500 PLC VAC 166.250 SIC 425.000
314719 - 0 00048601 (2048) E20Y13 09 Glazer 37.50 Lisa REG SDF: Shift 1	0	7.5 51 C 0.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC VAC 42.625 SIC 39.885
120459 - 0 00020748 (2048) E22Y16 09 Lawler 37.50 Michael REG SDF: Shift 1	0	7.5 OTS 2.5 OTP 4.0	7.5	7.5 OTP 9.5	7.5 OTP 3.0	7.5	OTP 7.5	PER 22.500 COM 7.500 PLC VAC 110.276 SIC 95.873
311855 - 0 00033050 (2048) E18Y19 09 Lleshi 37.50 Hevis REG SDF: This Timelog Report was downloaded finis report conflicts with informations.	0	7.5	7.5	7.5 CMI 2.25	7.5 COM 4,95		0TS2.5 0TP5.0	SIC 52.750

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EmpilD Position# Jobcode BU Std Hrs	Sunday (2/12)	Monday (2/13)	Tuesday (2/14)	Wednesday (2/15)	Thursday (2/16)	Friday (2/17)	Saturday (2/18)	Leave Balances
285766 - 0 00045979 (2048) E20Y13 09 Medina 37.50 Nicole REG SDF: Shift 1	0	7.5 Sic 1,0	7.5 SIC 0.5	7.5 SIC 7.5	7.5 SIC 7,5	7.5 SIC 7,5	0	PER 22.500 COM 0.000 PLC VAC 93.245 SIC 26.625
118097 - 0 00047658 (2048) E24Y06 09 O'Brien 37.50 Elisabeth REG SDF: Shift 1	. O	9	6.5	9 .	6.5	6.5	0	PER 22.500 COM 1.000 PLC VAC 246.879 SIC 397.561
139184 - 0 00039541 (2048) E07R02 06 Phillips 37.50 Gloria REG SDF: Shift 1	0	7.5 CMT 7.5	7.5 CMT 7,5	7.5 CMT 7,5	7.5	7.5		PER 0.000 COM 0.000 PLC VAC 16.875 SIC 0.005
138624 - 0 00038977 (2048) E24Y06 09 Piro 37.50 Peter REG SDF: Shift 1	0	7.5 OTS 2,5 OTP 3,5	7.5	7.5 OTP 2.0	7.5 OTP 2,0	7.5	OTP 7,5	PER 22.500 COM 0.000 PLC VAC 174.875 SIC 643.625
297673 - 0 00004965 (2048) E20Y13 09 Renczkowski 37.50 Daniel REG SDF: Shift 1 This Timelog Report was downloaded for	O	7.5 OTS 2.0	7.5	7.5 OTS 0:5 OTP 2:5	7.5	7.5 0TP 3.0	0TP 5.0	PER 15.000 COM 0.750 PLC VAC 39.125 SIC 63.255

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EmpliD Position# Jobcode BU Std H	irs	(2/12) (2/13) (2/14)		Wednesday (2/15)	Thursday (2/16)	Friday (2/17)	Saturday (2/18)	1	eave .ances		
E09R01 06 Sp: Shi SDF: Shift 1	029212 rague irley	(2048) 37.50 REG	0	7.5	7.5	7.5	7.5	7.5	0	PER COM PLC VAC SIC	37.500 0.000 223.875 842.120
E20Y13 09 Tra Mai SDF: Shift 1	i	(2048) 18.75 REG	0	Pel 0:5	0	6	6.75	0	0	PER COM PLC VAC SIC	3.500 0.250 146.228 21.189
E07R02 06 Zar	010739 nolli nice	(2048) 37.50 REG	0	7.5 Vac 7,5	7.5 Vac 7.5	7.5 VaC 7,5	7.5 Vac 7,5	7.5 V4C 7.5	0	PER COM PLC VAC	31.000 0.000 97.924

eport conflicts with information in the CIW, the information contained in CIW will be considered the official record.

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Emp	oloyee: Lis	Ked Below		Employee#	: Listed Belon
Department:		e 2	· 		
Date(s) of ove	ertime work:	February 13	-Februar	14/8, 2017	
# of hours rec	juested: <u>Li</u> ê	ted Below		,	A
Why work ca	nnot be com	pleted during reg	ular hours: <u></u>	ignificant 15	<u>ockleyek Saiyles</u>
Overtime is to		l at OT rate	_added to com	np time balance	partal partal
OT Account:	8100	9749			comp.
Approval: Supervisor:		Lalem		Date	: 2/15/12
Department l	lead:	De le	and		: z(15/12-
Denial reason	1:				
lame	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
ichael Lawlee	120459	17.50he			
ke Piro	138624	17.50 he			
nel Rencekaud	1297613	13.0 he			
evis Lleshi	311855	13,5 hc			
		i			



William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Dela Saunders Employee #: 147387
Department: PRUY Lubo Ratary
Date(s) of overtime work: February 18, 2017
of hours requested: 7.5
Why work cannot be completed during regular hours: Significant Buck land Sample
Overtime is to be: paid at OT rate added to comp time balance (If OT rate, complete below)
OT Account: 8100 9749
Approval:
Supervisor: Date: $\frac{\partial}{\partial s}$
Department Head: Date: 2/15/12
Denial reason:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Employee Name: Sunday 02/12/12 Monday 02/13/12 Tuesday 02/14/12 Wednesday 02/15/12 Thursday 02/16/12 Friday 02/17/12 Saturday 02/18/12															
Employee Name:		Sunday (02/12/12	Monday 0	2/13/12	Tuesday 0	2/14/12/3	Wednesday		Thursday (02/16/12	Friday 02/1	7/12	Saturday (2/18/12
Corbett Kate	Day: In Out			100		19	20/	200	1/20.	750	350	140	340		
4516/000	Lunch: Out - in			1200	0	120	Dou	Da	130	1700	1330	TOP	1750		
Employee Signature	Outside Duty: From – To				•				70		70				
Document exceptions or comments, indicate type and amount.															
Frasca, Daniela	Day: In – Out			6'45	2:45	6:45	2:45	6,45	2:45	6:45	12:45	6:45	2845		
45161000	Lunch: Out – In			12:45		72:45	1:15	12:45	1:15			1230	1:00		
Employee Statuture	Outside Duty: From – To														
Document exceptions or comments, indic amount	ate type and									Sic 1.5					
Glazer,Lisa	Day: In – Out			7:15	1:45	7:10	310	705	13,15	7:15	3:15	7:15	305		
45161000 & 1/7	Lunch: Out – in			12:00	12:30	12	1230	12:0	12:30	(2:00)	12:30	(2300)	12:30		e.
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indic amount.	ate type and			0.5	hr				•						
Lawler, Michael	Day: In – Out			750	820,	800	HOO	800	6:30	800	700	755	400	G45	300
4/1/000/	Lunch: Out – In		dat.	105	135	145	25	1230	100	100	130	100	130	1225	/255
Employee Signature	Outside Duty: From – To				,	ľ		-			ţ.				
Document exceptions or comments, indicamount.	ate type and			4.50	SiTi			2,5	TOT	3:0	OT			7.5	07

Director's Sign.

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Employee Name:		Sunday 0	2/12/12	Monday 0	244242	Tuesday 02	244142	101adaaada.		·	- CDI UQI		·····		
	−Đaỹ:	Juliuay	EI IE				2 14/1Z	Wednesday	02/15/12	inursday	/ 02/16/12	Friday 02/1	//12	Saturday 02/1	8/12
Lleshi, Hevis	In – Out				2:45	7:00	3:00	9.00	2:15	6:50	8:05	7:15	3/15	6.75	2:45
81009749	Lunch: Out – In			j(: 5 0	15:30	12:30	(109			(2:0	OE !ÇI •	15,00	121.30		
Employee Signature	Outside Duty: From – To													6 hr	, <i>O</i> T
Document exceptions or comments, indicate type and amount.								1 CION	25 hrs	HL.)	5.25 (-25 hr ~0+1~~) (Com	25 tre	6.00	hc Dags
Medina, Nicole	Day: In Out			730	3 ³⁰	820	350								
45161000 /572	Lunch: Out In			12	930 1930	12	19 ₃₀								
Employee Signature	Outside Duty: From – To			1040	(140										
Document exceptions or comments, indica amount.	ite type and			1.0 Sic		0,5 SiC		7.2	- مأرس	-51	(5)	7.5 Sic			
O'Brien, Elisabeth	Day: In – Out			720	450	730	<u> j</u> 30	730	500	730	230	785	25		
45161000	Lunch: Out - In			1)35	1705	130	1200	1(40	1219	1)35	1205	1130	1200		
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indica amount.	ite type and														
Philips, Gloria	Day: In – Out									9:15	5:15	:	77 and 1		
\$16,0000 A/A	Lunch: Out – In										12:38		***************************************		
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indica amount.	ite type and		,	CMT	7.5	T.	T 5 /	CM 7.	イちノ			CN 7.	TT 5		

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

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Employee Name:		Sunday 02/12/12		Monday 02/13/12		Tuesday 02/14/12		Wednesday 02/15/12		Thursday 02/16/12		Friday 02/17/12		Saturday 02/18/12	
Piro, Peter Day	y: - Out			043	842	648	245	643	450	<u> </u>	805	65°	39	كالس	300
45161000 Out	nch: .t – In			121	230	12	[230	12	[232			12	1230	12	1230
	ıtside Duty: om – To					-				800 Barst,	533 DOJ-CT				
Document exceptions or comments, indicate type and amount.				6.	0/			2.0	·	07				7.5	
Renczkowski, Daniel Day	ry: – Out			715	515	650	2 <i>5</i> 0	645	545	645	246	6:45	545	645	(145
45161000 Out	inch: it – In			1200	(230	1200	1230	7300		1900		1200	GE 61		
	ıtside Duty: om – To														
Document exceptions or comments, indicate type and amount.				کن ع. د	The			3 k)ナ 、, し			31		O To	We DIR
Op. 4947, S. 11/01	– Out			95-	520	905	505	910		840	440	900	520		
4516/000 Out	ınch: ut – In			100	130	100	130	100	130	151	130	100	130		
Employee Signature Pro	utside Duty:												·.		
Document exceptions or comments, indicate type and amount.															
Tran, Mai Day	ıy: Out				215			8-	2	715	230				
45161000 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	inch: ut – In			1030	1115					1130	12/				
Employee Signature Out	utside Duty: om – To														
Document exceptions or comments, indicate type amount.	pe and		-	0.5	PER										

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048- Boston Drug Lab

Employee Name:		Sunday 02/12/12	Monday 02/13/12	Tuesday 02/14/12	Wednesday 02/15/12	Thursday 02/16/12	Friday 02/17/12	Saturday 02/18/12	
Zanolli, Janice	Day: In - Out								
45 F6 1900 D 3 4 1 1	Lunch: Out – In								
Employee Signature	Outside Duty: From – To								
Document exceptions or comments, indicate type and amount.			VAC 7.5L	VAC	VAC 7.5	VAC 7.5	VAC 7.5		
	Day: In – Out								
	Lunch: Out – In								
Employee Signature	Outside Duty: From – To								
Document exceptions or comments, indicate type and amount.									
	Day: In – Out								
	Lunch: Out – In								
Employee Signature	Outside Duty: From – To								
Document exceptions or comments, indicate type and amount.				1		-			
	Day: In – Out								
	Lunch: Out – In								
Employee Signature	Outside Duty: From – To								
Document exceptions or comments, in amount.	dicate type and								

Employee Signature

amount.

Document exceptions or comments, indicate type and

Lunch: Out - In Outside Duty: From - To Good Moring Fei,

Here are the time changes for last week,

139184

 Employee
 ID #
 Date
 Change From Change To COM 4.25
 COM 6.625

 Hevis Lleshi
 311855
 2/16/12
 COM 4.25
 COM 6.625

 2/17/12
 COM 3.25
 REG 7.5

 2/18/12
 OTS 2.5,OTP 5.0
 OTS 2.5,OTP 3.5

REG 7.5

CMT 7.5

2/17/12

Thanks, Della

Gloria Phillips